

- ## TAXABLE EMPLOYEES

SIGNED

DATE _____

ORIGINAL - RETURN TO CITY OF FRANKFORT, KY

ACCOUNT NO.	FOR QUARTER ENDING	DUE ON / OR BEFORE

QUARTER ENDED MAR. 31, _____

QUARTER ENDED JUNE 30, _____

QUARTER ENDED SEPT. 30, _____

QUARTER ENDED DEC. 31, _____

TOTAL REMITTED FOR YEAR _____

Make Check Payable To:
DIRECTOR OF FINANCE

**Mail To: LICENSE FEE DIVISION
MUNICIPAL BUILDING
P.O. BOX 697
FRANKFORT, KY 40602**

RECONCILIATION OF FRANKFORT LICENSE FEE WITHHELD FOR CALENDAR YEAR REQUIRED
(IF YOU HAVE LESS THAN 10 EMPLOYEES USE THE SPACE PROVIDED BELOW OR FURNISH COPIES OF EMPLOYEE'S W-2, LARGER CONCERNS MAY
FILE OWN LISTING (SAME FORMAT BELOW) OR FURNISH W-2 COPIES.

SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE	GROSS WAGES	TAXABLE WAGES	OCCUPATIONAL LICENSE WITHHELD
IF REPORT IS COMPLETE ON THIS PAGE TOTAL HERE				

PREPARED BY _____

ATTACH CONTINUATION SHEET(S) IF NECESSARY